



## **Texas Department of Insurance**

### **Division of Workers' Compensation**

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

512-804-4000 telephone • 512-804-4811 fax • [www.tdi.texas.gov](http://www.tdi.texas.gov)

## **MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION**

### **GENERAL INFORMATION**

#### **Requestor Name and Address**

EMERGENCY PHYSICIANS OF CENTRAL TEXAS  
PO BOX 2283  
MANSFIELD TEXAS 76063

DWC Claim #:  
Injured Employee:  
Date of Injury:  
Employer Name:  
Insurance Carrier #:

#### **Respondent Name**

TRAVELERS INDEMNITY CO

#### **Carrier's Austin Representative Box**

Box Number 05

#### **MFDR Tracking Number**

M4-11-3202-01

#### **MFDR Date Received**

May 20, 2011

### **REQUESTOR'S POSITION SUMMARY**

**Requestor's Position Summary:** "Nail was removed then sutures done to close resulting in 2 separate procedures. Splint was applied after procedures were done."

**Amount in Dispute:** \$194.47

### **RESPONDENT'S POSITION SUMMARY**

**Respondent's Position Summary:** "The Carrier has reviewed the disputed services, CPT code 12002 and 29130. Based on the review of the documentation, the Carrier agrees the Provider should be reimbursed for CPT code 12002. The medical records indicate that the Claimant had a separate laceration which required suturing in addition to closure of the open fracture repair. The Carrier is issuing reimbursement for that service in accordance with the Division's adopted fee guidelines for professional services. As to CPT code 29130, the Carrier maintains the denial of the Provider's entitlement to reimbursement on the basis that the Provider did not perform the service. Review of the medical records indicates an emergency room visit (CPT code 99283) which was reimbursed. The Carrier contends the Provider is not entitled to reimbursement for this service as the Provider did not perform this service."

**Response Submitted by:** Travelers Insurance Company

### **SUMMARY OF FINDINGS**

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
September 22, 2010	12002 and 29130	\$194.47	\$0.00

## ***FINDINGS AND DECISION***

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

### **Background**

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving a medical fee dispute.
2. 28 Texas Administrative Code §134.203, sets out the fee guidelines for professional medical services provided on or after March 1, 2008.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:

#### Explanation of benefits

- T138 - B13 – Previously paid. Payment for this claim/service may have been provided in a previous payment. The use of modifier 59 does not change the allowed fs payment previously made.
- INCD – 97 – Payment is included in the allowance for another service/procedure. Included in global reimbursement.

### **Issues**

1. Did the requestor bill for services in conflict with NCCI edits?
2. Did the requestor meet the documentation requirements for applying modifier -59?
3. Is the requestor entitled to reimbursement?

### **Findings**

1. 28 Texas Administrative Code §134.203 states in pertinent part, "(b) For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following: (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules."
  - NCCI edits were run to determine if edit conflicts apply.
  - The requestor billed CPT codes 99284-25, 12002, 11760-59 and 29130-59 on September 22, 2010.
  - The requestor seeks reimbursement for CPT codes 12002-59 and 29130-59.
  - Per CCI Guidelines, Procedure Code 12002 has a CCI conflict with Procedure Code 11760. Review documentation to determine if a modifier is appropriate.
  - Per CCI Guidelines, Procedure Code 29130 has a CCI conflict with Procedure Code 11760. Review documentation to determine if a modifier is appropriate.
  - The requestor appended modifier -59 to both CPT codes 12002 and 29130. The disputed charges will therefore be reviewed according to the applicable guidelines.
2. The *CPT Manual* defines modifier -59 as follows: **Modifier -59: "Distinct Procedural Service:** Under certain circumstances, the physician may need to indicate that a procedure or service was distinct or independent from other services performed on the same day. Modifier 59 is used to identify procedures/services that are not normally reported together, but are appropriate under the circumstances. This may represent a different session or patient encounter, different procedure or surgery, different site or organ system, separate incision/excision, separate lesion, or separate injury (or area of injury in extensive injuries) not ordinarily encountered or performed on the same day by the same physician. However, when another already established modifier is appropriate, it should be used rather than modifier 59. Only if no more descriptive modifier is available, and the use of modifier 59 best explains the circumstances, should modifier 59 be used... Documentation in the medical record must satisfy the criteria required by any NCCI-associated modifier used."
3. Review of the submitted documentation finds that the requestor did not submit documentation to meet the documentation requirements for appending modifier 59, as a result, reimbursement cannot be recommended for disputed CPT codes 12002-59 and 29130-59."

### **Conclusion**

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

### ***ORDER***

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

### **Authorized Signature**

_____	_____	<u>July 26, 2013</u>
Signature	Medical Fee Dispute Resolution Officer	Date

### ***YOUR RIGHT TO APPEAL***

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party**.

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**